United Nations E/ICEF/2003/P/L.26

Economic and Social Council

Distr.: Limited
7 July 2003

Original: English

For information

United Nations Children's Fund
Executive Board
Second regular session 2003
15-19 September 2003
Item 6 of the provisional agenda*

Summary of mid-term reviews and major evaluations of country programmes

South Asia

Summary

The present report was prepared in response to Executive Board decision 1995/8 (E/ICEF/1995/9/Rev.1), which requested the secretariat to submit to the Board a summary of the outcome of mid-term reviews (MTRs) and major country programme evaluations, specifying, inter alia, the results achieved, lessons learned and the need for any adjustments in the country programme. The Board is to comment on the reports and provide guidance to the secretariat, if necessary. The present report describes only evaluations conducted during 2002, as there were no MTRs during the same period.

Introduction

1. In 2002, no mid-term reviews were conducted in South Asia. The present report summarizes some of the major evaluations conducted in the region since the last report was submitted to the Board (E/ICEF/2002/P/L.21).

* E/ICEF/2003/11.

03-42221(E) 180703

Major country programme evaluations

Evaluation of the religion and health project, Bhutan

2. The religion and health project aims to contribute to the long-term result of improved health of children and the community. The expected outcomes were improved hygiene in monasteries, and enhanced capacity of religious practitioners to provide advice on health and childcare to community members. The project has been implemented with funding from several donors, including the Government of Austria, since 1998. Using a combination of participatory qualitative techniques and the results of two previous assessments, a study undertaken in September 2002 assessed the impact of the training of religious practitioners and the status of hardware inputs to the institutes and communities across the four regions of the country.

3. The findings showed positive behaviour and attitudinal changes of religious practitioners; improved hygiene practices; the elimination of harmful practices such as sucking blood when sick; advocacy and increased referrals to health facilities instead of performing rituals; clean monasteries, houses and surroundings; and improved waste disposal and established standards on sanitation. These achievements were supported by increased private investment in sanitation and contributions from non-formal education programmes.

4. The strategy of reaching communities by training religious practitioners has proved effective, and communities have regarded them as role models for health and hygiene practices. However, between 35 per cent and 45 per cent of the facilities were in need of repair and maintenance. The lesson learned was that to ensure sustainable maintenance of the facilities, their location and design need to be appropriate for the communities, and a routine maintenance schedule also needs to be in place. Following the evaluation, operations and maintenance workshops were integrated, and community/monk interactions were strengthened.

Evaluation of the Border District Cluster Strategy: an intensified implementation of reproductive and child health, India

5. In support of the National Reproductive and Child Health (RCH) Programme, the Department of Family Welfare and UNICEF launched the Border District Cluster Strategy (BDCS) in May 2000. It is presently operating in 49 districts in 15 states with the objective of strengthening the capacity of local health systems to improve the coverage and quality of selected interventions and services. This is to be achieved by building partnerships with community-level functionaries, non-governmental organizations (NGOs) and civil society.

6. UNICEF assistance has focused on developing and testing new implementation models and tools to intensify implementation of the RCH programme and, subsequently, provide evidence of programme experiences and lessons learned at the field level that can inform and contribute to policy discussions at the macrolevel, such as design of RCH2. UNICEF inputs were in planning and monitoring assistance at the district level, programming and policy analysis at state level, and funding for front-line workers and supplies. The strategies are being piloted over a four-year period with a view to scaling up successful interventions, the use of

lessons learned and key results within the remaining districts of the RCH programme. Covering the period 1 January to 31 December 2002, this evaluation used a survey of 19 BDCS districts and 18 non-BDCS districts for comparison.

7. The full participation of both government counterparts and UNICEF officers in the monitoring and validation process was critical to implementation. The use of district extenders at the sub-centre level was instrumental in maintaining the continuity of implementation, and provided a platform for sustainability based on ongoing supervision, logistical and technical support.

8. The value of health information and monitoring tools depends on the commitment and ability of the health personnel to use them. The monitoring tool and validation process has produced heightened interest, and has enhanced the commitment of supervisors and health teams to work more effectively in the field and with the communities. Supervisors have a better understanding of how to use their supervisory skills to improve the quality of information. The health professionals' understanding of epidemiological concepts needs to be improved. It has been shown through evidence from the states that rational microplanning can improve access.

Review of the 1997-2002 education programme, India

9. A review of the decentralized education programme was undertaken to inform the design of the Government of India/UNICEF programme of cooperation for 2003-2007. The lessons learned were used in developing an integral link to the National Programme of Sarva Shiksha Abhiyan (Universal Elementary Education).

10. The review comprised a series of rapid appraisals of programme implementation in five states and in-depth analyses in two others. Additionally, five state-based studies examined the UNICEF experience in two thematic areas: teaching effectiveness and community participation.

11. The findings indicated that the programme achieved most of its objectives at the activity level. The results at higher levels, which were expected to lead to such as changes as the retention of children in school, the adoption of child-centred methods by teachers and the inclusion of marginalized children, were not identifiable. Strategies such as cascaded training and community mobilization approaches for enrolment need to be replaced by more effective alternatives. Sufficiency, persistence, depth and coherence of interventions at community and state levels need to be assured. Refocusing the programme, within a widely shared and understood conceptual framework that clarifies rights-based approaches and their adaptation in microplanning, and a strong monitoring mechanism to recognize success and enable corrective action, are essential for achieving results.

Evaluation of adolescent girls' anaemia reduction project, Gujarat, India

12. With UNICEF support, the State Government of Gujarat, India, has been implementing the adolescent girls' anaemia reduction project in all 426 schools of Vadodara District since March 2000. It expects to achieve a 50 per cent reduction in anaemia and improved dietary practices for 25 per cent of the district's 65,000

adolescent girls. The key strategies were to enrol 90 per cent of schoolchildren and 70 per cent of out-of-school adolescents to participate in the weekly iron consumption and education programme, and to develop the capacity of at least one institution to provide technical support so that the intervention could be scaled up by the State Government.

13. An evaluation using pre- and post-assessment of anaemia status, conducted after two years of implementation, showed encouraging results. Ninety per cent of girls participated in the programme, which led to a 20 per cent reduction in anaemia. Some 13,000 anaemic girls have become non-anaemic, and twice as many have improved their haemoglobin levels and decreased the severity of anaemia. The State Government will be expanding the model to three more districts in 2003. The Medical College of Vadodara has established a project support unit.

14. Reaching out-of-school adolescents through the girls in school project was unsuccessful. Other channels, such as motivated community-level workers, voluntary organizations and mass media, emerged as alternatives.

15. The achievement of reduced levels of anaemia was due to the successful monitoring of compliance with the intake of iron folate. The communication materials (pamphlets and posters), reported as comprehensive, did not succeed in changing knowledge or dietary practices. Learning from this experience, a more rigorous communication strategy to enhance knowledge and enable behaviour change, as well as a stronger monitoring system to enable corrective action, will be instituted. Meanwhile, in the short term, efforts will continue in monitoring compliance with iron supplementation to reduce the extremely high anaemia levels.

Evaluation of the psychosocial programme, Sri Lanka

16. Through Australian financial assistance, UNICEF Sri Lanka supported interventions to promote the psychosocial recovery of the war-affected population during the period March 2001-June 2003. The key results expected were: (a) improved health status and psychosocial well-being of about 72,000 children and women; and (b) strengthened capacity of the Government and NGO partners to integrate and coordinate psychosocial interventions. In September 2002, an evaluation, using a combination of qualitative techniques, was carried out to find the right direction to realign the programme against the backdrop of the emerging peace process.

17. The interventions were found to be relevant and to have assisted the affected individuals and families. On the other hand, as the expected results were beyond the capacity of available human and financial resources, their achievement was short term and not sustainable. This was due partly to the fact that support from the implementing national and international NGO partners was conditioned by the receipt of external funding. The monitoring mechanisms need to be simpler, but able to track achievements, and baselines must be established. A basic mechanism to assess impact should be established.

18. In the next phase, the focus will not be on specialized care, but on community-based referral and awareness creation that also focuses on previously normative values and attitudes. Priorities and strategies need to be established for specialized interventions on special social issues such as demobilized child and adult soldiers;

widows, orphaned youth and children affected by HIV/AIDS; landmine victims; and school drop-outs. Some interventions can be integrated into existing sustainable infrastructures, while others need to be realigned and new priorities need to be set. This will lead to new designs of interventions, capacity development and implementation. UNICEF priorities need to include guidelines for best practices, quality interventions and advocacy to donors to achieve equitable assistance to all populations with special needs.

19. Based on the findings, psychosocial interventions were integrated into the programmes of the Ministry of Education and National Child Protection Authority of Sri Lanka, which have established an operational network to ensure programme sustainability.